

TVC

Digital magazine

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The Pur-fect Visit

How veterinary
practices can
make cat visits
less stressful,
and more
successful, for
owner and pet





How far does your patients' heartworm disease prevention go?

Advantage Multi® (imidacloprid + moxidectin) pushes prevention forward*

Advantage Multi® not only kills existing infection by working *backward* to kill heartworm larvae acquired in the previous month, it also takes a step *forward* to prevent future infection by killing newly acquired heartworm larvae all day, every day throughout the following month.



advantage multi®

(imidacloprid + moxidectin)

Pushing prevention forward.

*Forward protection from heartworm infection means that after a single administration of Advantage Multi® for Dogs (imidacloprid + moxidectin) or four consecutive monthly administrations of Advantage Multi® for Cats (imidacloprid + moxidectin), blood levels of moxidectin are continuously at or above the concentration required to kill newly acquired heartworm larvae and are maintained between continued monthly administration of these products. Therefore, new exposure of the pet to infective heartworm larvae between monthly administrations of the product results in killing of the larvae and inhibiting successful establishment of a heartworm infection.

CAUTION: Federal (U.S.A.) law restricts Advantage Multi® for Dogs (imidacloprid + moxidectin) to use by or on the order of a licensed veterinarian. WARNING: **DO NOT ADMINISTER THIS PRODUCT ORALLY.** For the first 30 minutes after application ensure that dogs cannot lick the product from application sites on themselves or other treated animals. Children should not come in contact with the application sites for two (2) hours after application. (See Contraindications, Warnings, Human Warnings, and Adverse Reactions, for more information.) CONTRAINDICATIONS: Do not use this product on cats. CAUTION: Federal (U.S.A.) law restricts Advantage Multi® for Cats (imidacloprid + moxidectin) to use by or on the order of a licensed veterinarian. WARNINGS: Do not use on sick or debilitated cats or ferrets. Do not use on underweight cats. (see ADVERSE REACTIONS). Do not use on cats less than 9 weeks of age or less than 2 lbs body weight. Do not use on ferrets less than 2 lbs body weight. PRECAUTIONS: Avoid oral ingestion. HUMAN WARNINGS: Children should not come in contact with the application site for 30 minutes following application.

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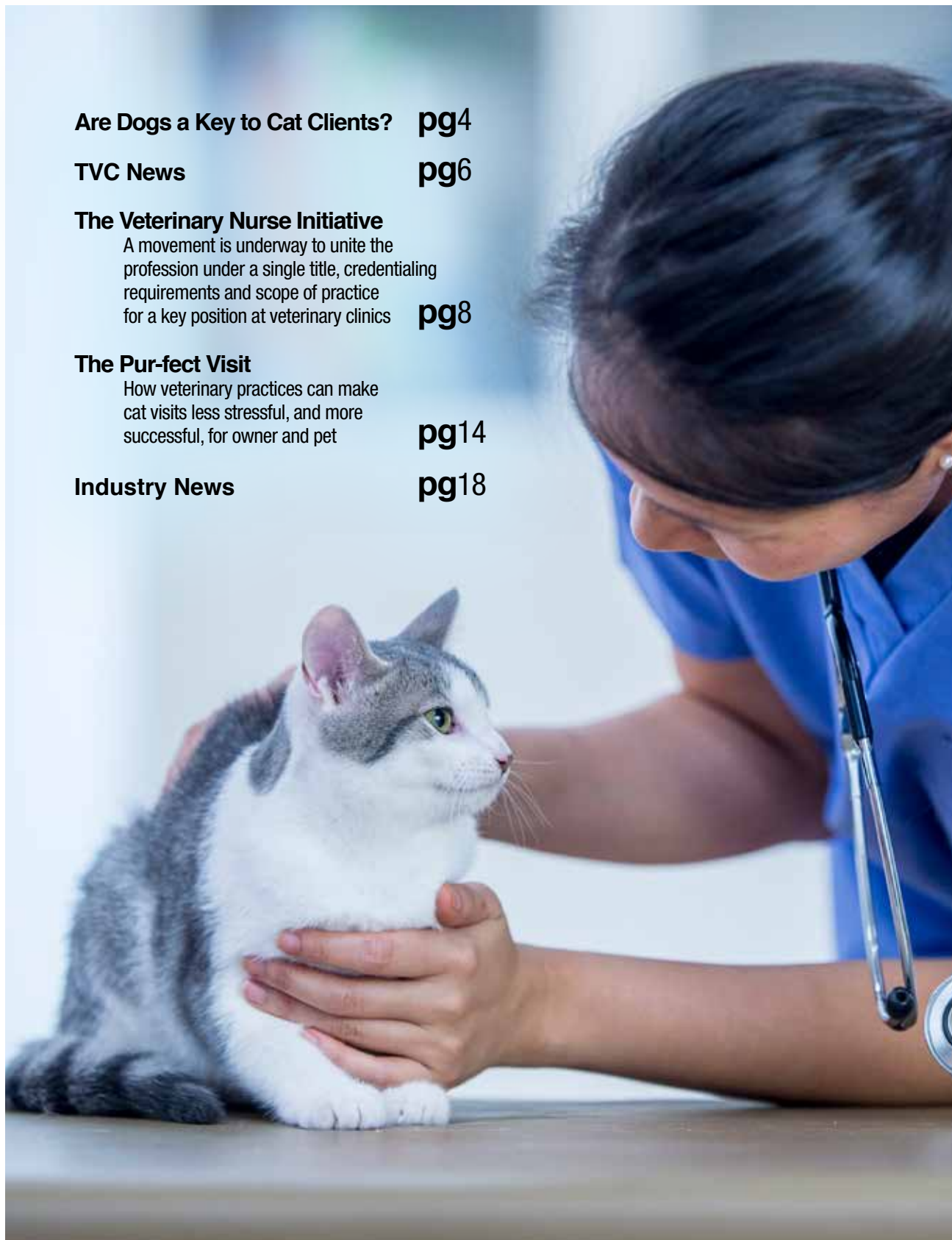
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How veterinary practices can make cat visits less stressful, and more successful, for owner and pet

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Are Dogs a Key to Cat Clients?

Consider that
4 out of 10
households
that have a
dog, also
have a cat.
And most
have multiple
cats.

Want to get more cats into your clinic, using your current client base? Have you thought about checking the dogs in your database?

What is the ratio of active dogs to cats in your database? What about inactive dog to cat ratio?

Consider that 4 out of 10 households that have a dog, also have a cat. And most have multiple cats.

Let's do the math:

- The average full time DVM sees 1,500 dogs annually x 40% have a cat x 2 cats (average) = 1,200 cats that could be active
- 33% of cats never see a vet; 33% will see a vet upon feline wellness education; 33% of 1,200 active cats per full time DVM = 396
- 396 cats per full time DVM x \$____ (yearly visit) = \$____ in increased revenue

That adds up to a lot of potential.

How many households have a dog and also have a cat that you may not be aware of?





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NEWS

This Month at the Veterinary Cooperative

Switch Promotions

This month we are continuing our monthly Switch Promotion campaign to encourage all TVC owners to switch and support TVC vendors and share in \$17M in rebates. Remember, supporting our vendors helps to ensure they will continue supporting us with programs, and helps to put money in your pocket through both individual and group goals. It also helps get you closer to the “Strive for \$450” goal.

This month Ceva is offering a Buy 1, Get 1 Free on Companion Animal products for low to new qualified users, and Merck is offering 10 PurrrchasePoints for every \$1 spent on Nobivac vaccines July 1st-July 31st 2018 for low to new users. Check the promo detailers to see if you qualify!

Webinars



[Register](#)

**Switch and Support TVC Vendors
and Share \$17M in Rebates!**
July 31 | 9 AM & 1 PM (CST)

Learn from our Owner Success Advocate representatives Chad Clark and Brittany Hull how to maximize TVC's rebate and discount programs to your financial advantage by switching to TVC vendor partners whose products are as good, if not better – than the products you're using.

Chad and Brittany will also fill you in on upcoming Switch promotions from our vendor partners – get a “sneak peek”!

Attend the Webinar to Win!

All registered attendees will earn 1500 PurchasePoints on 5 trays of Nobivac vaccines purchased through MWI August 1-31, 2018. There will also be a live drawing in both the AM & PM sessions for an iPad (\$500 retail value).



[Register](#)

**Unpacking The Power Of Home Delivery,
Growing Compliance Through Convenience**
August 7 | 9AM & 1 PM (CST)

Join **Vetsource** with speaker Dr. Kristin Dance, VMD Director of Key Accounts at Vetsource, for a 1-hour presentation on “Unpacking the Power of Home Delivery,” and earn 1 CE credit.

Dr. Dance will be sharing information on the latest pet owner purchasing trends and providing insight into how veterinarians can leverage those trends to grow compliance within their practice via Home Delivery.

She will share compliance statistics for both in-hospital as well as Home Delivery dispenses as well as data from a large-scale study that compared the compliance, pharmacy and services revenue contribution as well as practice visits between pet owners who purchase solely from the practice versus those who opt for their veterinarian's Home Delivery.

Additionally, Dr. Dance will provide an overview of the tools Vetsource, TVC's preferred Home Delivery provider, makes available to help veterinarians grow compliance including an online store as well as ePrescribing tool.

TVC East



[Register](#)

TVC East: TVC 2018 CE Conference
September 16 | Atlanta, GA

Join TVC and our Vendor partners at our free Fall TVC CE Conference event in Atlanta, GA. We will be offering five lectures sponsored by TVC Vendor partners, each worth 1 CE credit. The show is FREE to TVC Co-op Owners and \$35 for guests, but due to capacity limitations, there is a cut-off, so registration is on a first come, first serve basis.* Sign up now to reserve your spot and ensure you don't miss out on this great event!

Trade Show: TVC is expecting about 25 of our vendor partners to participate in this event. You will have time to learn more about TVC offerings, rebates and discount programs, as well as talk directly to our vendor partners about their products and programs that can help you practice better medicine and increase your profitability.

Location: The event will be hosted at the Westin Atlanta Perimeter North. Special hotel rates are available for attendees who are planning to stay overnight.

We hope to see you at this great event!

*The event is free, however, this event is first come first serve, and a \$35 fee will be deducted from your rebate check if you sign up but don't attend.

Promotions

Ceva: Switch to Ceva and save! Ceva has a Buy 1, Get 1 Free offer on Companion Animal products for new and low users. See promo detailer for more details and to see if you qualify.

KVP Custom Orthotics: KVP has Custom Orthotics has just launched an exclusive rebate program with TVC. They are offering an \$85 rebate on each KVP Custom Orthotics brace!

Merck Vaccines: Switch to Merck vaccines and earn PurrrchasePoints! New and low users earn 10 PurrrchasePoints for every \$1 spent on Nobivac vaccines (\$100 minimum purchase); see promo detailer for more details and to see if you qualify.

Merck Bravecto Client Offer: Pet parents can receive a \$15 rebate for 2 doses; Mix, Match, and save when you purchase any Bravecto product!

Purina: Purina Pro Plan Veterinary Diet has 20% off on their EN Gastroenteric formulas July 2 - July 31, 2018.

Securos Surgical: Securos is introducing a new product – Swaged-On Suture and Crimp Clamp Packs with a Buy 2, Get 1 Free offer from July 1 - July 31, 2018. Mix and match sizes and types!

Spectrum Veterinary: Spectrum is offering TVC owners a \$50 discount on a kit of 12 VacciChecks. VacciCheck is an in-house canine titer test to enable you to confirm protection on vaccines already given and address over and under vaccination.

Vetsource: Increase parasiticide compliance with the RemindMe program from Vetsource. Individual doses delivered to your clients' doors each month. Vetsource has just extended their Free parasiticide dose for your client until 9/30/18! Check out the new Vetsource detailer to see the list of eligible parasiticide products, as well as your new Q3 Perks! Watch the TVC University video "How to Make Money From Online Pharmacies" on the TVC University webpage to learn more!

Wedgewood Pharmacy: Turn to Wedgewood first for your back-ordered medications. New feature – Wedgewood is now compounding!

The Veterinary Nurse Initiative

A movement is underway to unite the profession under a single title, credentialing requirements and scope of practice for a key position at veterinary clinics

By Graham Garrison



A title or designation is meant to bring clarity. Something to highlight a degree or credential earned. Something to help define and communicate a role within a profession, and within organizations.

However, clarity has been lacking for many years in the role of the veterinary technician, not to mention the title itself. For starters, the title “veterinary technician” can mean a lot of different things to a lot of different veterinary clinics in a lot of different states. Educational requirements vary. Responsibilities vary. Even the titles given to the professionals themselves vary.

“Our profession is fragmented,” wrote Lynn Johnson-Harris, RVT, in an Editor’s Note to *Today’s Veterinary Nurse* readers. “We have credentialed veterinary technicians;

veterinary technicians who have been formally trained but are not required to become credentialed per their state practice act; veterinary technicians trained by their employer who are veterinary assistants (unless they are grandfathered); certified veterinary assistants; and veterinary assistants trained in practice. That’s way too many categories. Is there another profession that splits itself so many ways? I can’t think of one.”

An industry-wide effort is underway to untangle the mess and bring clarity to a critical position in veterinary clinics.

Untangling the mess

In June 2017, the National Association of Veterinary Technicians in America’s (NAVTA) Board of Directors announced



TVC EAST

20 TVC University CE
18 Conference
September 16th | Atlanta, GA

FREE to TVC Co-op Owners and \$35 for guests. There is a cut-off, so registration is on a first come, first serve basis.

TVC WEST

20 Wild West Veterinary
18 Conference
October 3rd - 7th | Reno, NV

TVC Co-op Owners get a special 10% discount! Enter promo code: TVC25 upon registration.

Register today at TVC University!

the formation of the Veterinary Nurse Initiative Coalition to pursue legislative amendments in the 50 states. Among its goals: (1) to establish the credential of Registered Veterinary Nurse (RVN); and (2) to substitute the title of Registered Veterinary Nurse (RVN) for the several other title designations currently being used.

“NAVTA seeks to unite the profession under a single title, credentialing requirements and scope of practice,” the organization said on its website. “Through the standardization and public awareness of the credential, the profession will make strides towards better recognition, mobility and elevated practice standards, leading to better patient care and consumer protection.”

Johnson says she always described what she did to clients as doing the same skills as those of a nurse. “We are jacks of all trades and in many instances, have specialized in a certain discipline, such as anesthesia/analgesia, nutrition, rehab or one of 10 other specialties.”

The scope of practice for the profession is “quite variable,” says Kenichiro Yagi, MS, RVT, VTS (ECC), VTS (SAIM), and member of NAVTA's Executive Board. The credentials used are split between several designations:

- Certified Veterinary Technician (CVT)
- Registered Veterinary Technician (RVT)
- Licensed Veterinary Technician (LVT)
- Licensed Veterinary Medical Technician (LVMT)

Figuring out which states use what credentialing process is even more confusing.

Currently, there are 39 states that have the profession regulated by the state veterinary medical board, 10 states that are privately credentialed, and 1 state without any credentials for veterinary technicians, says Yagi. “The entry educational requirement is standardized to the candidate being an AVMA-accredited program graduate that has passed the VTNE (national exam), though some states allow for alternate routes to qualifying to sit the exam. CE requirements

for maintenance of the credential are established in the vast majority of states, though the number of hours is variable.”

Yagi says the process of standardization of the credential “will bring higher standards to states with a better-defined scope of practice that will push all individuals qualifying for the credential to meet standards that lead to better patient care.”

Why the designation matters

The change in title to Veterinary Nurse was proposed for several reasons. According to NAVTA, the term “technician” implies an individual that has mastered the science and technology involved with the profession. The term “veterinary nurse” will incorporate the art

of caring for animal patients from a whole picture perspective in addition to the science and technology.

“Globally, the people who serve the role of veterinary technicians are more commonly called veterinary nurses, as their status as medical professionals is solidified and supported by their government,” NAVTA explains on its website.

“In addition, standardization with a title easily recognizable to the public

aids in public awareness of our role. In human medicine, the term ‘nurse’ is widely recognized to describe a group of medical professionals working in collaboration with physicians to treat a patient. The term ‘veterinary nurse’ will in turn have similar association in the public’s eyes.”

Johnson says she always described what she did to clients as doing the same skills as those of a nurse. “We are jacks of all trades and in many instances, have specialized in a certain discipline, such as anesthesia/analgesia, nutrition, rehab or one of 10 other specialties,” she says. “From the client perspective, it better defines our skills with regard to their pet’s care. Everyone knows what a nurse can do. I am hoping with this change, that we will get the same recognition.”

Johnson says there is a need to clarify the difference between someone that is called a “veterinary technician,” who might not be credentialed, from those that are credentialed. “Would you want to be anesthetized by someone hired and trained off the street being call a veterinary technician or would you prefer to have a ‘nurse’ perform anesthesia? The



pet parent would want to know the same. Veterinary practitioners need to support the initiative to help educate clients on what we are trained and credentialed to do. The efforts for the VNI will need continued support from the veterinary community to transition and increase client awareness.”

The Veterinary Nurse designation should also change what is expected of individuals with the title, leading to better public awareness of the need for educated individuals to care for their pets, says Yagi. “This will create a demand for veterinary practices to hire qualified team members to provide the patient care. The inherent respect in the veterinary nurse designation could also attract a larger pool of individuals to enter the field, leading to a better supply of qualified individuals and access to veterinary care. A team of Registered Veterinary Nurses will drive vet-

The AVMA is backing the campaign to standardize the credentials, scope of practice, and title for U.S. veterinary technicians.

erinarrians to better leverage their professional staffs and optimize care for pets along the lines of the human health-care model.”

Yagi says the RVN will be able to perform tasks that are written in the veterinary practice act and regulated through the veterinary medical board, “which makes the task of regulating the scope of practice still fall on each state board,” he says. “The VNI will be working with each state to help standardize around the nation.”

Industry support

The Veterinary Nurse Initiative Coalition’s goal is to work with organizations such as the American Veterinary Medical Association, American Association of Veterinary State Boards, industry and professional veterinary organizations and legislators to create common terminology, policies and

procedures to ease the burden on individual states and associations in governing credentials.

The AVMA is backing the campaign to standardize the credentials, scope of practice, and title for U.S. veterinary technicians. But the Association remains neutral on a campaign goal that the title should be "registered veterinary nurse."

The AVMA Board of Directors voted in November 2017 to support the initiative's standardization goals. An AVMA-NAVTA leadership committee, in its recommendation for that vote, wrote that inconsistent state application requirements, oversight, and regulations can hamper veterinary technicians' ability to change jobs, hold back their profession's development, and confuse even veterinary professionals.

"TNA believes the title registered nurse has always been linked to the provision of care of humans," the organization said in its Spring 2018 newsletter. "TNA believes the Registered Veterinary Nurse initiative would undermine the title 'nurse.'"

"Changing to one national standard and title could increase mobility, understanding and recognition of roles and responsibilities within the veterinary medical team and community, and increased public understanding of the role that veterinary technicians play in human and animal health," the recommendation states. "These in turn could increase longevity within the profession, improved delegation of duties, and higher remuneration."

Debate over the nurse title

Some pushback to changing the title from veterinary technician to veterinary nurse has come from the human health side. For instance, the Tennessee Nursing Association (TNA) opposed proposed legislation that would change the veterinary licensing classification from veterinary technician to registered veterinary nurse.

"TNA believes the title registered nurse has always been linked to the provision of care of humans," the organization said in its Spring 2018 newsletter. "TNA believes the Registered Veterinary Nurse initiative would undermine the title 'nurse.'"

Yagi says that he and Heather Prendergast, RVT, CVPIM, co-chairs of the National Credential Task Force, have sought

out input from the nurses on the human side to gain a better understanding of their reservations. "What struck us the hardest was that nurses had very little knowledge of the level of education obtained and the work performed by the veterinary technicians," he says. "How could we blame them?"

"Technicians" in the human medical world do not have extensive education and practice in a very narrow area, so the same assumption was made, Yagi says. "The exact same assumption the public makes regarding veterinary technicians. We have had several touch points with the national associations, and also are engaged with state associations through the legislative process.

"With the principle arguments against the creation of the credential title of Veterinary Nurse from human nurses coming from the above assumption, we continue to help clarify the extent in which we are involved with veterinary medicine," Yagi continues. "Through these efforts, there are many nurses that agree with the title change. We will continue to engage in dialogue with the nurse to reach a better understanding that we both share the same level of expectations of ourselves as professionals and the compassion for our patients; we just work on different species."

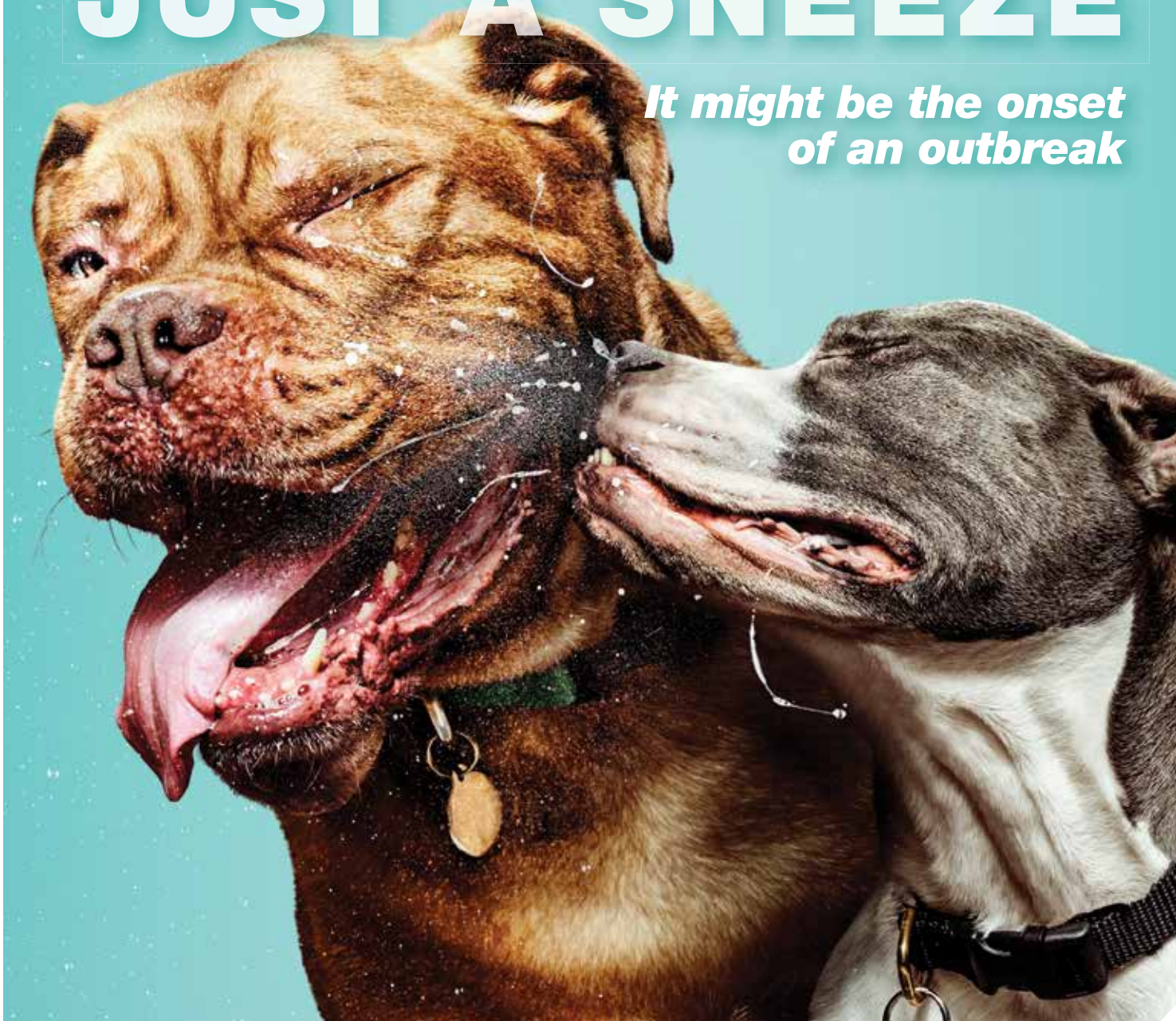
Moving forward

The initiative has determined a couple of states to focus its resources for the 2018 legislative cycle, Yagi says. For instance, bills have been introduced in Ohio and Tennessee. "We had committee progress in the Tennessee House, but met an onslaught of nursing opposition so we paused and will finish in the 2019 Legislature. In Ohio, the bill has seen an overwhelmingly positive vote of 16-1 through the House committee and will continue to be moved through the legislative pathway."

The success seen in Ohio is a result of great alignment between the state veterinary technician association, veterinary medical association, and the Veterinary Nurse Initiative, says Yagi. "With the full support of the Association of Veterinary Technicians and Ohio Veterinary Medical Association, we are becoming better seasoned in legislative activism, especially in regard to the topic of the Veterinary Nurse title which we will be able to apply nation-wide." ■

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The Pur-fect Visit

How veterinary practices can make cat visits less stressful, and more successful, for owner and pet

Dennis Sepulveda, DVM, understands the challenges and stress cat owners have in trying to get their cat to a veterinary visit. He has experienced it personally.

“My own cat is very nice at home, but when I bring him here, sometimes I even have to sedate him,” says Sepulveda, TVC Owner of Veterinary Wellness Center of Glen Rock, New Jersey. “He can get aggressive. Biting, scratching, etc.”



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¹Data on file at Merial.

²Data on file at Merial. Based on veterinary dispensed dose data.

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IMPORTANT SAFETY INFORMATION: NexGard® (afoxolaner) is for use in dogs only. The most frequently reported adverse reactions included pruritus, vomiting, dry/flaky skin, diarrhea, lethargy, and lack of appetite. The safe use of NexGard in pregnant, breeding, or lactating dogs has not been evaluated. Use with caution in dogs with a history of seizures. For more information, see full prescribing information or visit www.NexGardForDogs.com.

When you take a cat out of their regular environment, the cat can get stressed out, and sometimes they show a different personality when they come to the hospital, he says.

That's why from the start of his practice four years ago, Sepulveda has pledged to create a different type of clinical visit and experience for his feline patients.

Early start

Cats make up about 35 to 40 percent of the Glen Rock's client base. Sepulveda says they start early in recommending preventive checkups and vaccinations. "We try to tell clients early, when they're bringing them in

as kittens." Within a few years, those kittens will become adult cats and require a yearly physical exam. He advises doing blood work at five years of age to catch any issues early and develop a baseline, and if the cat is 8 years of age or older, he advises regular blood work. A geriatric cat, 10-12 years of age, should be visiting twice a year.

It's important when they are younger to plant the seed to the owner to come in on a regular basis, regardless of the vaccinations.

"Just last week I saw a 15 year-old cat," Sepulveda says. The owner had owned the cat since it was a kitten, but never visited a veterinarian

because the cat would get so scared. "He didn't want to stress him out." But now, at 15, the cat had developed diseases. He had kidney and liver problems, and a thyroid issue, that may have been caught earlier, or even prevented, with regular checkups.

From distress to de-stress

There are several ways Sepulveda tries to help the client proactively with planning for the visit to the veterinary clinic. The first is with scheduling. If the pet owner has a dog and cat, they recommend an individual visit for the cat to help make the visit less stressful. "We try to incentivize the client," he says. "We tell them we can schedule the cat for a visit when a dog isn't here." Some cats that come in can

sense other cats and become aggressive. Sepulveda recommends they schedule an appointment during lunchtime. When the cat comes in, there aren't other animals present, only that specific cat. This makes it more enticing for the owner who doesn't want to bring their cat in with barking dogs or another cat in the waiting room."

Another tactic is to bypass the waiting room altogether and put the cat in an exam room immediately. "We don't make them wait. We have a back door, so we tell some clients if their cat gets very sensitive, they can come in through the back entrance. That helps a lot."

The staff in the back know they need to be very quiet. No slamming doors, and no intercom use.

Soft touches

Sepulveda says sometimes they will use pheromones in the room to help the cat get a little more calm. He has found that soothing classical music, and lighter colors in the room, also help. The lighter colors are ones recommended through the Fear Free certification program. Sepulveda says he and his practice are about midway through that certification program. He also recently joined the AAFP with the goal of completing its silver or gold certification.

Once settled in the exam room, the veterinary staff allows the cat to get comfortable with its surroundings.

"I let the cat come out of the carrier," he says. "I don't pull them out. The cat can come in, walk around the room, and get on the counter. We open the cabinet for them so it can go in. We put up a warm towel on the table. The cat likes that."

Sometimes they use treats during the visit. When they give vaccinations, often it is with the cat nibbling on a treat, or kitten food. And, they use a smaller needle for the vaccines. "By using a very tiny needle, sometimes you'll see a cat who complains, but most of the time they are fine with eating the kitten food and having the vaccination."

All those little touches add up to a better experience for client and pet.

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or kitten food.
And, they use a
smaller needle for
the vaccines.

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Advantage Multi® for Dogs and for Cats (imidacloprid + moxidectin)

BRIEF SUMMARY: Before using Advantage Multi® for Dogs (imidacloprid+moxidectin) or Advantage Multi® for Cats (imidacloprid+moxidectin), please consult the product insert, a summary of which follows:

CAUTION: Federal (U.S.A.) Law restricts this drug to use by or on the order of a licensed veterinarian.

Advantage Multi for Dogs:

WARNING

- **DO NOT ADMINISTER THIS PRODUCT ORALLY.**
 - For the first 30 minutes after application ensure that dogs cannot lick the product from application sites on themselves or other treated animals.
 - Children should not come in contact with the application sites for two (2) hours after application.
- (See Contraindications, Warnings, Human Warnings, and Adverse Reactions for more information.)

INDICATIONS:

Advantage Multi for Dogs is indicated for the prevention of heartworm disease caused by *Dirofilaria immitis* and the treatment of *Dirofilaria immitis* circulating microfilariae in heartworm-positive dogs. Advantage Multi for Dogs kills adult fleas and is indicated for the treatment of flea infestations (*Ctenocephalides felis*). Advantage Multi for Dogs is indicated for the treatment and control of sarcoptic mange caused by *Sarcoptes scabiei var. canis*. Advantage Multi for Dogs is also indicated for the treatment and control of the following intestinal parasites species: Hookworms (*Ancylostoma caninum*) (*Uncinaria stenocephala*), Roundworms (*Toxocara canis*) (*Toxascaris leonina*) and Whipworms (*Trichuris vulpis*).

Advantage Multi for Cats is indicated for the prevention of heartworm disease caused by *Dirofilaria immitis*. Advantage Multi for Cats kills adult fleas (*Ctenocephalides felis*) and is indicated for the treatment of flea infestations. Advantage Multi for Cats is also indicated for the treatment and control of ear mite (*Otodectes cynotis*) infestations and the intestinal parasites species Hookworm (*Ancylostoma tubaeforme*) and Roundworm (*Toxocara cati*). **Ferrets:** Advantage Multi for Cats is indicated for the prevention of heartworm disease in ferrets caused by *Dirofilaria immitis*. Advantage Multi for Cats kills adult fleas (*Ctenocephalides felis*) and is indicated for the treatment of flea infestations in ferrets.

CONTRAINDICATIONS: Do not administer this product orally. (See WARNINGS). Do not use the Dog product (containing 2.5% moxidectin) on Cats.

WARNINGS:

Advantage Multi for Dogs: For the first 30 minutes after application: Ensure that dogs cannot lick the product from application sites on themselves or other treated dogs, and separate treated dogs from one another and from other pets to reduce the risk of accidental ingestion. Ingestion of this product by dogs may cause serious adverse reactions including depression, salivation, dilated pupils, incoordination, panting, and generalized muscle tremors. In avermectin sensitive dogs*, the signs may be more severe and may include coma and death†.

* Some dogs are more sensitive to avermectins due to a mutation in the MDR1 gene. Dogs with this mutation may develop signs of severe avermectin toxicity if they ingest this product. The most common breeds associated with this mutation include Collies and Collie crosses.

† Although there is no specific antagonist for avermectin toxicity, even severely affected dogs have completely recovered from avermectin toxicity with intensive veterinary supportive care.

Advantage Multi for Cats: Do not use on sick, debilitated, or underweight cats. Do not use on cats less than 9 weeks of age or less than 2 lbs. body weight. Do not use on sick or debilitated ferrets.

HUMAN WARNINGS: Not for human use. Keep out of the reach of children. Dogs: Children should not come in contact with the application sites for two (2) hours after application. Cats: Children should not come in contact with the application site for 30 minutes after application.

Causes eye irritation. Harmful if swallowed. Do not get in eyes or on clothing. Avoid contact with skin. Wash hands thoroughly with soap and warm water after handling. If contact with eyes occurs, hold eyelids open and flush with copious amounts of water for 15 minutes. If eye irritation develops or persists, contact a physician. If swallowed, call poison control center or physician immediately for treatment advice. Have person sip a glass of water if able to swallow. Do not induce vomiting unless told to do so by the poison control center or physician. People with known hypersensitivity to benzyl alcohol, imidacloprid, or moxidectin should administer the product with caution. In case of allergic reaction, contact a physician. If contact with skin or clothing occurs, take off contaminated clothing. Wash skin immediately with plenty of soap and water. Call a poison control center or physician for treatment advice. The Safety Data Sheet (SDS) provides additional occupational safety information. For a copy of the Safety Data Sheet (SDS) or to report adverse reactions call Bayer Veterinary Services at 1-800-422-9874. For consumer questions call 1-800-255-6826.

PRECAUTIONS: Do not dispense dose applicator tubes without complete safety and administration information. Use with caution in sick, debilitated or underweight animals. The safety of Advantage Multi for Dogs has not been established in breeding, pregnant, or lactating dogs. The safe use of Advantage Multi for Dogs has not been established in puppies and lactating ferrets. Treatment of ferrets weighing less than 2.0 lbs. (0.9kg) should be based on a risk-benefit assessment. The effectiveness of Advantage Multi for Cats in ferrets weighing over 4.4 lbs. (2.0 kg) has not been established.

Cats may experience hypersalivation, tremors, vomiting and decreased appetite if Advantage Multi for Cats is inadvertently administered orally or through grooming/licking of the application site. The safety of Advantage Multi for Cats has not been established in breeding, pregnant, or lactating cats. The effectiveness of Advantage Multi for Cats against heartworm infections (*D. immitis*) after bathing has not been evaluated in cats. Use of this product in geriatric cats with subclinical conditions has not been adequately studied. Ferrets: The safety of Advantage Multi for Cats has not been established in breeding, pregnant and lactating ferrets. Treatment of ferrets weighing less than 2.0 lbs. (0.9kg) should be based on a risk-benefit assessment. The effectiveness of Advantage Multi for Cats in ferrets weighing over 4.4 lbs. (2.0 kg) has not been established.

ADVERSE REACTIONS: Heartworm Negative Dogs: The most common adverse reactions observed during field studies were pruritus, residue, medicinal odor, lethargy, inappetence and hyperactivity. **Heartworm Positive Dogs:** The most common adverse reactions observed during field studies were cough, lethargy, vomiting, diarrhea (including hemorrhagic), and inappetence. **Cats:** The most common adverse reactions observed during field studies were lethargy, behavioral changes, discomfort, hypersalivation, polydipsia and coughing and gagging. **Ferrets:** The most common adverse reactions observed during field studies were pruritus/scratching, scabbing, redness, wounds and inflammation at the treatment site; lethargy; and chemical odor.

For a copy of the Safety Data Sheet (SDS) or to report adverse reactions call Bayer Veterinary Services at 1-800-422-9874. For consumer questions call 1-800-255-6826.

Advantage Multi is protected by one or more of the following U.S. patents: 6,232,328 and 6,001,658.

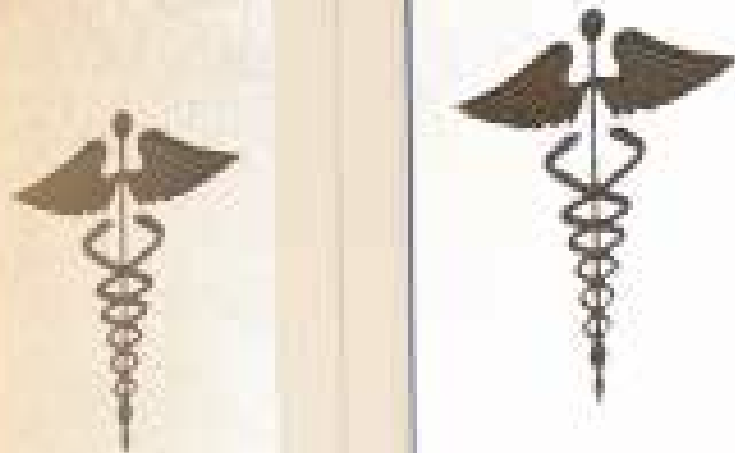
NADA 141-251, 141-254 Approved by FDA

V-03/2016

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Industry NEWS

Texas Attorney General announces settlement with Patterson Companies

This spring, Texas Attorney General Ken Paxton announced a settlement with dental supply distributor Patterson Companies, Inc. after they were discovered violating state antitrust law by conducting an illegal group boycott to eliminate an online rival, according to a release from the attorney general's website. The agreed final judgment commits Patterson Companies to pay \$200,000 to the state, requires additional antitrust training and prohibits it from repeating an economically damaging practice.

"Conspiring with competitors to prevent the emergence of new distribution channels for goods and services is contrary to the free market and violates antitrust laws," Attorney General Paxton said. "Such interference should not be tolerated in any industry. My office will continue to ensure that companies doing business in Texas have the opportunity to compete in a truly free market."

The state's antitrust action stemmed from a three-year investigation into allegations that dental supply distributors Patterson Companies, Henry Schein, and Benco worked together to thwart the entry of a lower-cost, online source of dental supplies provided by the Texas Dental Association (TDA). The state alleged that these distributors colluded to discourage suppliers from working with the TDA and its business partner, and agreed not to attend the TDA's

NexGard® (afoxolaner) Chewables

CAUTION: Federal (USA) law restricts this drug to use by or on the order of a licensed veterinarian.

Description:

NexGard® (afoxolaner) is available in four sizes of beef-flavored, soft chewables for oral administration to dogs and puppies according to their weight. Each chewable is formulated to provide a minimum afoxolaner dosage of 1.14 mg/lb (2.5 mg/kg). Afoxolaner has the chemical composition 1-Naphthalenecarboxamide, 4-[5-[3-chloro-5-(trifluoromethyl)-phenyl]-4,5-dihydro-5-(trifluoromethyl)-3-isoxazolyl]-N-[2-oxo-2-[2,2,2-trifluoroethyl]amino]ethyl.

Indications:

NexGard kills adult fleas and is indicated for the treatment and prevention of flea infestations (*Ctenocephalides felis*) and the treatment and control of Black-legged tick (*Ixodes scapularis*), American Dog tick (*Dermacentor variabilis*), Lone Star tick (*Amblyomma americanum*), and Brown dog tick (*Rhipicephalus sanguineus*) infestations in dogs and puppies 8 weeks of age and older, weighing 4 pounds of body weight or greater, for one month.

Dosage and Administration:

NexGard is given orally once a month, at the minimum dosage of 1.14 mg/lb (2.5 mg/kg).

Dosing Schedule:

Body Weight	Afoxolaner Per Chewable (mg)	Chewables Administered
4.0 to 10.0 lbs.	11.3	One
10.1 to 24.0 lbs.	28.3	One
24.1 to 60.0 lbs.	68	One
60.1 to 121.0 lbs.	136	One
Over 121.0 lbs.	Administer the appropriate combination of chewables	

NexGard can be administered with or without food. Care should be taken that the dog consumes the complete dose, and treated animals should be observed for a few minutes to ensure that part of the dose is not lost or refused. If it is suspected that any of the dose has been lost or if vomiting occurs within two hours of administration, redose with another full dose. If a dose is missed, administer NexGard and resume a monthly dosing schedule.

Flea Treatment and Prevention:

Treatment with NexGard may begin at any time of the year. In areas where fleas are common year-round, monthly treatment with NexGard should continue the entire year without interruption.

To minimize the likelihood of flea reinfestation, it is important to treat all animals within a household with an approved flea control product.

Tick Treatment and Control:

Treatment with NexGard may begin at any time of the year (see **Effectiveness**).

Contraindications:

There are no known contraindications for the use of NexGard.

Warnings:

Not for use in humans. Keep this and all drugs out of the reach of children. In case of accidental ingestion, contact a physician immediately.

Precautions:

The safe use of NexGard in breeding, pregnant or lactating dogs has not been evaluated. Use with caution in dogs with a history of seizures (see **Adverse Reactions**).

Adverse Reactions:

In a well-controlled US field study, which included a total of 333 households and 615 treated dogs (415 administered afoxolaner; 200 administered active control), no serious adverse reactions were observed with NexGard.

Over the 90-day study period, all observations of potential adverse reactions were recorded. The most frequent reactions reported at an incidence of > 1% within any of the three months of observations are presented in the following table. The most frequently reported adverse reaction was vomiting. The occurrence of vomiting was generally self-limiting and of short duration and tended to decrease with subsequent doses in both groups. Five treated dogs experienced anorexia during the study, and two of those dogs experienced anorexia with the first dose but not subsequent doses.

Table 1: Dogs With Adverse Reactions.

	Treatment Group			
	Afoxolaner		Oral active control	
	N ¹	% (n=415)	N ²	% (n=200)
Vomiting (with and without blood)	17	4.1	25	12.5
Dry/Flaky Skin	13	3.1	2	1.0
Diarrhea (with and without blood)	13	3.1	7	3.5
Lethargy	7	1.7	4	2.0
Anorexia	5	1.2	9	4.5

¹Number of dogs in the afoxolaner treatment group with the identified abnormality.

²Number of dogs in the control group with the identified abnormality.

In the US field study, one dog with a history of seizures experienced a seizure on the same day after receiving the first dose and on the same day after receiving the second dose of NexGard. This dog experienced a third seizure one week after receiving the third dose. The dog remained enrolled and completed the study. Another dog with a history of seizures had a seizure 13 days after the third dose of NexGard. The dog remained enrolled and completed the study. A third dog with a history of seizures received NexGard and experienced no seizures throughout the study.

To report suspected adverse events, for technical assistance or to obtain a copy of the MSDS, contact Merial at 1-888-637-4251 or www.merial.com/NexGard. For additional information about adverse drug experience reporting for animal drugs, contact FDA at 1-888-FDA-VETS or online at <http://www.fda.gov/AnimalVeterinary/SafetyHealth>.

Mode of Action:

Afoxolaner is a member of the isoxazoline family, shown to bind at a binding site to inhibit insect and acarine ligand-gated chloride channels, in particular those gated by the neurotransmitter gamma-aminobutyric acid (GABA), thereby blocking pre- and post-synaptic transfer of chloride ions across cell membranes. Prolonged afoxolaner-induced hyperexcitation results in uncontrolled activity of the central nervous system and death of insects and acarines. The selective toxicity of afoxolaner between insects and acarines and mammals may be inferred by the differential sensitivity of the insects and acarines' GABA receptors versus mammalian GABA receptors.

Effectiveness:

In a well-controlled laboratory study, NexGard began to kill fleas four hours after initial administration and demonstrated >99% effectiveness at eight hours. In a separate well-controlled laboratory study,

NexGard demonstrated 100% effectiveness against adult fleas 24 hours post-infestation for 35 days, and was >93% effective at 12 hours post-infestation through Day 21, and on Day 35. On Day 28, NexGard was 81.1% effective 12 hours post-infestation. Dogs in both the treated and control groups that were infested with fleas on Day -1 generated flea eggs at 12- and 24-hours post-treatment (0-11 eggs and 1-17 eggs in the NexGard treated dogs, and 4-90 eggs and 0-118 eggs in the control dogs, at 12- and 24-hours, respectively). At subsequent evaluations post-infestation, fleas from dogs in the treated group were essentially unable to produce any eggs (0-1 eggs) while fleas from dogs in the control group continued to produce eggs (1-141 eggs).

In a 90-day US field study conducted in households with existing flea infestations of varying severity, the effectiveness of NexGard against fleas on the Day 30, 60 and 90 visits compared with baseline was 98.0%, 99.7%, and 99.9%, respectively.

Collectively, the data from the three studies (two laboratory and one field) demonstrate that NexGard kills fleas before they can lay eggs, thus preventing subsequent flea infestations after the start of treatment of existing flea infestations.

In well-controlled laboratory studies, NexGard demonstrated >97% effectiveness against *Dermacentor variabilis*, >94% effectiveness against *Ixodes scapularis*, and >93% effectiveness against *Rhipicephalus sanguineus* 48 hours post-infestation for 30 days. At 72 hours post-infestation, NexGard demonstrated >97% effectiveness against *Amblyomma americanum* for 30 days.

Animal Safety:

In a margin of safety study, NexGard was administered orally to 8 to 9-week-old Beagle puppies at 1, 3, and 5 times the maximum exposure dose (6.3 mg/kg) for three treatments every 28 days, followed by three treatments every 14 days, for a total of six treatments. Dogs in the control group were sham-dosed. There were no clinically-relevant effects related to treatment on physical examination, body weight, food consumption, clinical pathology (hematology, clinical chemistry, or coagulation tests), gross pathology, histopathology or organ weights. Vomiting occurred throughout the study, with a similar incidence in the treated and control groups, including one dog in the 5x group that vomited four hours after treatment.

In a well-controlled field study, NexGard was used concomitantly with other medications, such as vaccines, anthelmintics, antibiotics (including topicals), steroids, NSAIDs, anesthetics, and antihistamines. No adverse reactions were observed from the concomitant use of NexGard with other medications.

Storage Information:

Store at or below 30°C (86°F) with excursions permitted up to 40°C (104°F).

How Supplied:

NexGard is available in four sizes of beef-flavored soft chewables: 11.3, 28.3, 68 or 136 mg afoxolaner. Each chewable size is available in color-coded packages of 1, 3 or 6 beef-flavored chewables.

NADA 141-406, Approved by FDA

Marketed by: Frontline Vet Labs™, a Division of Merial, Inc.

Duluth, GA 30096-4640 USA

Made in Brazil.

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annual trade show in 2014 in retaliation. Texas previously settled related suits with Patterson's co-conspirators in the boycotts: Benco Dental Supply Company and Henry Schein, Inc. To view the agreed final judgment, click here: <https://bit.ly/2JaBBCS>

Veterinarians frustrated over opioid shortage

Frustration is mounting for veterinarians over the opioid shortage, according to a recent *JAVMA News* report. Starting late last year, veterinarians from small-town clinics to university teaching hospitals saw their stocks of injectable opioids dwindle away, with no guarantee from distributors when there might be more. Orders for fentanyl, hydromorphone, and morphine, once placed roughly every couple weeks, are made daily now, assuming the drug is even available. Should a distributor happen to have a particular opioid in stock on a given day, customers can purchase only a dozen or so vials, which are rationed and used sparingly. "We're absolutely hearing frustrations from our members," said Dr. Heather Loenser, senior veterinary officer for the American Animal Hospital Association. "Not having opioids for their patients is causing them to be more creative in

their pain management protocols. They worry that they can't provide adequate analgesia, especially in complex cases." Read more at: <https://www.avma.org/News/JAVMANews/Pages/180701a.aspx>

Survey: Dog owners trending toward smaller breeds

A survey conducted by the market research firm Packaged Facts found that nearly half of U.S. pet owners care for a small or very small dog, a trend that presents opportunities for veterinarians, according to *Today's Veterinary Business*. The first-quarter survey found that 32 percent of pet owners who had recently acquired a dog chose a small one – 8 to 24 pounds – and that 9 percent took in a very small, or toy, dog. Overall, 47 percent of U.S. households had a small or toy-size dog. The **Packaged Facts** report stated that the trend away from medium, large and giant canines has the potential of refocusing the practice of veterinary medicine. "Large-breed dogs are more prone to arthritis, hip dysplasia and twisted stomachs, and small-breed dogs are more prone to diabetes mellitus, periodontal disease and dislocated kneecaps," Packaged Facts noted.